

Rock County
Due Diligence/Intervention Strategies

Customer Name: _____ PIN: _____

Date: _____ FEP ID: XRO _____

1. Referrals were done to address the customer's barriers:

Barrier: _____ Resource _____ Date of referral: _____

Barrier: _____ Resource _____ Date of referral: _____

Barrier: _____ Resource _____ Date of referral: _____

2. Customer understands that attendance at activities will be monitored on at least a weekly basis.

Customer's signature and date

3. Non-participation entered on WPNP (attach copy)

4. Notice of scheduled appointment to meet and discuss non-participation and Good Cause with FEP

Date/time of appointment

Date of appointment notice (copy in file)

Results of that appointment

5. If non-participation continues, dates/types of contacts with customer reminding him/her of expectations and warning of possible consequences of non-participation (may include Strike Notice Letter).

6. Dates/results of Staffings and/or Home-visits

7. Date of Closure/Disenrollment – _____

Resources offered: _____

